



Case Study

AN AYURVEDIC MANAGEMENT OF HYDROSALPINX

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ABSTRACT

Hydrosalpinx is a gynaecological disorder marked by the accumulation of serous fluid in a dilated and obstructed fallopian tube, commonly leading to infertility. In Ayurveda, it is viewed as a condition arising from *Artavavaha Srotas Dushti*, primarily due to *Srotorodha* caused by imbalanced *Vata* and *Kapha Doshas*. A 44-year-old female presented at the OPD of Rajiv Gandhi Government P.G. Ayurvedic Hospital, Paprola, with complaints of lower abdominal pain, irregular menstruation, and watery vaginal discharge persisting for 3–4 months. Ultrasound examination confirmed the presence of hydrosalpinx. **Aim and Objectives-** To evaluate the efficacy of the *Shaman Aushadha Chikitsa* in the management of Hydrosalpinx. **Discussion-** *Shaman Chikitsa* has promising result in the management of Hydrosalpinx. It is a *Tridoshaja Vyadhi*, is managed in Ayurveda by reducing inflammation, clearing tubal blockages, and restoring *Doshic* balance through Ayurvedic formulations. **Results-** Symptomatic relief and marked resolution of hydrosalpinx were achieved through Ayurvedic intervention. **Conclusion-** Ayurvedic management through *Shamana Aushadha Chikitsa* can effectively help in resolving hydrosalpinx and significantly reduce the need for surgical interventions on the fallopian tubes, thereby preserving them for future fertility.

INTRODUCTION

Hydrosalpinx is a gynaecological condition marked by the blockage of the fallopian tube, leading to the progressive accumulation of serous fluid, typically forming a distended, fluid-filled sac near the ovarian end of the tube.^[1] It is commonly observed among women of reproductive age and is recognized as a significant factor contributing to infertility. The presence of hydrosalpinx is associated with reduced implantation and pregnancy rates due to both mechanical obstruction and chemical disruption of the endometrial environment, impairing its receptivity.

In the context of Ayurveda, the successful occurrence of conception depends on the harmonious balance of four essential factors: *Ritu* (timing), *Kshetra* (reproductive organs), *Ambu* (nutritional fluids), and *Bija* (gametes)^[2].

Here, *Kshetra* refers to the uterus along with its associated structures, including the fallopian tubes. According to contemporary data, tubal pathologies account for approximately 40% of infertility cases, and hydrosalpinx contributes to 10–30% of these cases^[3].

Hydrosalpinx typically arises as a chronic consequence of prior pelvic infections, sexually transmitted diseases, or genital tuberculosis. These infections initially present as salpingitis, and with chronicity, lead to the formation of hydrosalpinx. The accumulating fluid within the tubes can interfere with embryo implantation by negatively affecting the critical period of endometrial receptivity. As a result, outcomes of assisted reproductive technologies such as in vitro fertilization and embryo transfer (IVF-ET) are often poor in affected individuals^[4].

From an Ayurvedic perspective, hydrosalpinx is understood as a *Kshetrajavikriti*- a structural and functional disorder of the reproductive field (*Kshetra*), since the fallopian tubes are considered part of the *Garbhashaya*. The condition is generally classified as *Tridoshaja*, with a predominance of *Vata* and *Kapha doshas*, and involves the *Artavavaha Srotas* (the reproductive channels).

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The pathogenesis begins with *Agnimandya* (diminished digestive and metabolic fire), resulting in the formation of *Ama* (toxins), which disturb the *Doshic* equilibrium. *Vata* contributes to constriction and desiccation, *Kapha* induces obstruction and fluid retention due to its heavy (*Guru*) and stable (*Sthira*)^[5] qualities, while *Pitta* may become involved in infectious or inflammatory states, producing *Shotha*^[6] (inflammation) and turbid secretions. These deranged *Doshas* localize within the fallopian tubes, causing *Srotorodha* (blockage) and leading to the pathological retention of serous fluid- clinically manifested as hydrosalpinx. Symptoms may include lower abdominal pain, abnormal vaginal discharge, irregular menstruation, and infertility.

Case Report

A 44-year-old female reported to the Outpatient Department of Rajiv Gandhi Government Postgraduate Ayurvedic Hospital, Paprola, with complaints of lower abdominal pain and irregular menstrual cycles, characterized by an increased interval between periods, along with watery vaginal discharge for the past 3–4 months. A pelvic transvaginal ultrasound (TVS) revealed oval hyperechoic lesion in endocervical canal ~18x15

Clinical Examination

x13mm in the endocervical canal suggestive of polyp and a tubular cystic lesion with a wall thickness of approximately 6mm, located adjacent to the right ovary, indicative of hydrosalpinx

History of Past illness: No history of HTN, DM Type2, thyroid dysfunction, TB, epilepsy, jaundice, or any other medical illness.

History of Surgery: No history of any surgical intervention.

Allergy: No any drug or food allergy.

Family History: Nothing significant.

Menstrual history

Interval - 40-42 days

Duration - 3-4 days

Amount - 2-3 per day

Pain - Pain was present in lower abdomen.

Clot - Present +

Smell - Not present

Age of menarche – 14 years

LMP- 30/11/2024

Marital Status- Married

Contraception history- Nil

Pulse	80/min
BP	122/80 mm of hg
Temp.	98.4 F
RR	18/min
Height	5'4"
Weight	64kg

No icterus, pallor, edema, lymphadenopathy.

Dashvidha Pariksha

Prakrati	<i>Vata-Kapha</i>
Vikrati	<i>Lakshan Nimittaj</i>
Saar	<i>Madhyam</i>
Samhanan	<i>Madhyam</i>
Praman	<i>Madhyam (5'3")</i>
Satva	<i>Madhyam</i>
Satamya	<i>Sarvaras Satmya</i>
Aahar Shakti	<i>Abhayaran Shakti-Madhyam</i>
	<i>Jaran Shakti- Madhyam</i>
Vyayam Shakti	<i>Madhyam</i>
Vaya	<i>Yuvavastha</i>

Ashtavidha Pariksha

Nadi	Niyamit, Dosha- VataKapha, Gati -76/min.
Mala	Samanya, Vega- 1-2 times/day, Varna- Peet
Mutra	Samanya, Vega- 4-5 times/day, Varna- Peet
Shabda	Spashta
Sparsha	Samsitoshna
Drika	Samanya
Jivha	Anavratt
Aakriti	Samanya

Per Abdominal Examination

Mild tenderness was present over right and left iliac region and hypogastrium.

Investigation

Blood Group	B+ve
Bleeding time	1 min.
Clotting time	5 min 30 sec.
Hb	11.4 g /ml
Platlet count	173
ESR	47 mm fall in 1 st hr
FBS	92 mg/dl
Urine (routine & microscopic)	EPC – 8-9 /hpf
HIV	Non-reactive
VDRL	Non-reactive
HBsAg	Non-reactive

Whole abdomen Ultrasound

Uterus- Normal in size, outline and shows homogenous echo texture. Uterine cervix shows P/O oval hyperechoic lesion approx. 18x15x13mm in the endocervical canal.

Ovaries- Both ovaries are normal in size, shape and echotexture.

Tubular cystic structure measuring upto 6mm in thickness is seen adjacent to right ovary (s/o hydrosalpinx).

Impression**Plan of Treatment**

Right hydrosalpinx and oval hyperechoic lesion in endocervical canal (polyp).

Samprapti Ghatak

- **Dosha** - Vataj-Pitta-Kapha
- **Dushya** - Rakta
- **Srotas** - Aartav vaha Srotas
- **Srotodushti** - Sanga
- **Adhishtthan** - Garbhashaya nalika
- **Sadhya-Asadhyta** - Sadhya

Shaman Aushadha Chikitsa

S.No.	Drug	Component	Doses
1.	Gokshuradi Guggul	Shunthi, Maricha, Pippali, Haritaki, Bibhitak, Amalaki, Musta, Shodhit Guggul, Gokshur	2 BD
2.	Ashwagandha Churna	Ashwagandha	3gm BD
3.	Muktashukti Bhasma	Muktashukti	250mg BD

4.	<i>Varunadi Kashaya</i>	<i>Varun, Saireyaka, Shatavari, Chitraka, Murva, Bilwa, Kitamari, Brihati, Nidigdhika, Karanja, Putikaranja, Agnimantha, Haritaki, Akshiva, Darbha, Bhallataka.</i>	40ml with equal amount of water.
5.	Tab Turmix-XT	<i>Curcumin and Piperine</i>	1BD

Management of Polyp: Under all aseptic precautions, Cusco's bivalve speculum was introduced into the vagina, and the cervix was visualized. A polypoidal growth (Endocervical mucoid polyp) measuring approximately 1.5–2cm was identified and removed using sponge-holding forceps with a twisting manner. The sample was sent for histopathological examination (HPE).

RESULTS

The Symptoms improved after receiving the prescribed treatment such as

S.no.	Symptoms	Before Treatment	After Treatment
1.	Pain in lower abdomen	+++	+

Menstrual Abnormalities: Menstrual flow started on dated: 28-8-23, patient followed up for next two menstrual cycles after treatment.

S.no.	Symptoms	Before Treatment	After Treatment
1.	Interval	40-45 days	30-32 days
2.	Duration	3-4 days	3-4 days
3.	Amount	2-3 pad/day	2-3 pad/day
4.	Pain	Mild pain in lower abdomen	Not present
5.	Clot	Present +	Not present
6.	Smell	Not present	Not present
7.	Blood mixed watery discharge	Present +	Not present

USG Findings for Diagnostic prospectus

Before Treatment	After Treatment
Tubular cystic structure measuring upto 6mm in thickness is seen adjacent to right ovary (s/o hydrosalpinx).	Impression of hydrosalpinx not seen.

DISCUSSION

Hydrosalpinx is considered a *Tridoshaja* imbalance disorder in Ayurveda, primarily originating from *Agnimandya* (digestive fire weakness), which leads to the formation of *Ama* (toxins). This *Ama* disrupts the equilibrium of the *Doshas*, starting with *Vata Dushti*, followed by *Kapha* and *Pitta* vitiation, eventually leading to *Shotha* (inflammation) and *Sanga* (obstruction). These pathological events result in *Artavavaha Srotorodha* (blockage of the fallopian tubes). Ayurvedic management focuses on reversing this pathogenesis. *Gokshuradi Guggulu*, due to the strong anti-inflammatory^[7] and antioxidant and *Rasayan* properties of *Guggulu*, is highly effective in

controlling inflammation. *Gokshura*, especially in its methanolic extract, offers notable anti-inflammatory^[8] and analgesic effects. *Triphala* balances all three *Doshas* and maintains systemic harmony. Piperine, present in *Pippali* and *Maricha*, inhibits key inflammatory mediators like IL-6 and PGE₂, thereby reducing pain and inflammation. Most ingredients in *Gokshuradi Guggulu* are *Ushna Virya*, countering the *Sheeta Guna* of *Vata*, thus providing pain relief. *Shunthi* further contributes by inhibiting prostaglandin and leukotriene synthesis. *Musta* adds astringent, analgesic, antispasmodic, antimicrobial, and antioxidant actions. *Ashwagandha Churna* has

Rasayana property, supports endocrine balance by regulating thyroid and adrenal glands, which helps balance reproductive hormones^[9] and reduce chronic inflammation. *Mukta Shukti Bhasma*, with its *Laghu* and *Mridu Guna*, helps to reduce *Ama* and pacifies *Pitta*^[10] through its *Sheet Veerya*, aiding in inflammation control. *Varunadi Kashaya* complements treatment with herbs like *Varun*, *Chitraka*, and *Bhallataka* that have *Lekhana* and *Shothahara*^[11] properties to reduce adhesions and fluid buildup. Rejuvenating herbs like *Shatavari* and *Haritaki*, along with antimicrobial agents like *Karanja* and *Putikaranja*, help restore tubal health by balancing *Vata* and *Kapha*. Additionally, Tab Turmix XT, with Curcumin and Piperine, provides potent anti-inflammatory and antioxidant support, inhibits cytokine production, prevents fibrosis, and promotes tubal patency, making it highly beneficial in managing Hydrosalpinx holistically.

CONCLUSION

Ayurvedic management through *Shamana Aushadha Chikitsa* can effectively help in resolving hydrosalpinx and significantly reduce the need for surgical interventions on the fallopian tubes, thereby preserving them for future fertility.

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